2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State DOCUMENT # P97000102517 1. Entity Name 05-20-2002 90125 032 ***150 00 **BURCH & PARTNERS, INC.** Principal Place of Business Mailing Address 10810 72ND STREET 10810 72ND STREET SUITE 206 SUITE 206 **LARGO FL 33777** LARGO FL 33777 2. Principal Place of Business 3. Mailing Address 10810 12nd STREET 73rd BAVE N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Petersburg; FL 59-3480484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П PINELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLSHAKOV-VICTOR DANILOV-ALEX-S Street Address (P.O. Box Number is Not Acceptable) 12465 2 STREET EAST UNIT B105 TREASURE ISLAND FL 33706 100 T3rd AVE N #301 City St. Petensburg 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. BOLSHAKOV SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete VP Addition TITLE NAME DANILOV, ALEX S BOLSHAKOV, VICTOR 10810 72nd STREET, SUITE 206 NAME STREET ADDRESS 12465 2ND STREET E/ # B105 STREET ADDRESS CITY-ST-7IP TREASURE ISLAND FL 33706 CITY-ST-ZIP LARGO FL 33777 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

VICTOR BOLSHAKOV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED